

## Middle School Field Hockey

# Howard Sports Registration / Roster Form

<b>Team Name</b> _____	<b>League Fee</b> <u>750.00</u>
<b>Sport</b> _____	<b>Session / Year</b> _____
<b>Team Contact Name</b> _____	<b>Email Address</b> _____
<b>Contacts Mailing Address</b> _____	<b>City / State / Zip</b> _____
<b>Contacts Home Phone</b> _____	<b>Work / Cell Phone</b> _____

By my signature below, I agree to hold Howard Sports, Inc., Saco/Dayton, Inc., Sierra Woods, Inc., all heirs and assigns, and all manufacturers of equipment and materials associated with the properties of Howard Sports and the Howard SportsDome, harmless in the event of injury or accident while I or my child, is a participant in any sport, league, or activity at Howard Sports or Howard SportsDome.

	Print Player Name	Phone	Email Address	DOB	Signature, parent, if under 18
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

All players must have a corresponding signature with their name. In lieu of a parent signature, a coach, team parent, team administrator, ect., may sign if they are willing to accept liability on the event of an accident or injury to a player. COACH: By your submission of this form, you take full responsibility for any player on your team whose name and signature appear here.

### Payment Information

Payment by Credit Card	
(circle one)	
VISA / MasterCard / Discover	
Card Number	
/        /        /        /	
Expiration Date:        /	

Payment by Check	
ck number: _____	
ck amount: _____	
Payment by Cash	
Amount: _____	